



PATENT
Docket No. 406462000600

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Joseph R. Lopez
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SEP 06 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

David S. BURT, *et al*

Serial No.: 09/788,280

Filing Date: 15 February 2001

For: PROTEOSOME INFLUENZA
VACCINE

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

REQUEST FOR A CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Please furnish the undersigned with a corrected Filing Receipt for the above-identified application. The corrections needed are as follows: Attorney Docket No. should read 406462000600.

A copy of the marked-up Filing Receipt is attached.

In the unlikely event that the transmittal letter is separated from this request and the Patent Office determines that a fee is required, applicant petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit

Account No. 03-1952. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Respectfully submitted,

Dated: May 10, 2001

By:

Kate H. Murashige
Kate H. Murashige
Registration No. (29,959)

Morrison & Foerster LLP
3811 Valley Centre Drive
Suite 500
San Diego, California 92130-2332
Telephone: (858) 720-5112
Facsimile: (858) 720-5125

Receipt

#8


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

Application Number 08/788,280

Filing Date 15 February 2001

First Named Inventor Davis S. BURT, et al.

Group Art Unit To Be Assigned

Examiner Name To Be Assigned

Attorney Docket No. 408482000800

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ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual Name | Kate H. Murashige Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130 |
| Signature | <i>Kate H. Murashige</i> |
| Date | 10 May 2001 |

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|---|----------|------------|------------|
| 09/788,280 | 02/15/2001 | 1648 | 0.00 | 406462000600 406462000600 | 6 | 34 | 7 |

CONFIRMATION NO. 5295

25225

MORRISON & FOERSTER LLP
3811 VALLEY CENTRE DRIVE
SUITE 500
SAN DIEGO, CA 92130-2332

FILING RECEIPT



OC000000005882647

Date Mailed: 03/20/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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MAY 20 2001

MORRISON & FOERSTER, LLP
SAN DIEGO

Applicant(s)

Davis S. Burt, Residence Not Provided;
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Louis F. Fries III, Residence Not Provided;
Kirkor Torossian, Residence Not Provided;
David H. Jones, Residence Not Provided;
Martin Plante, Residence Not Provided;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/182,476 02/15/2000

Foreign Applications

If Required, Foreign Filing License Granted 03/20/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

DOCKETED Correct OFR

REMINDER: _____

DUE DATE: 4/20/01 *wf*

FINAL DUE DATE: _____

Title

Proteosome influenza vaccine

Preliminary Class

424

Data entry by : BEYENE, MELKAM

Team : OIPE

Date: 03/20/2001





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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The docket number allows a maximum of 25 characters.
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Bib Data Sheet

CONFIRMATION NO. 5295

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/788,280 | FILING DATE 02/15/2001 RULE | CLASS 424 | GROUP ART UNIT 1648 | ATTORNEY DOCKET NO. 406462000600 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

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**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/182,476 02/15/2000

**** FOREIGN APPLICATIONS *******

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** 03/20/2001

| | | | | |
|--|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | STATE OR COUNTRY CANADA | SHEETS DRAWING 7 | TOTAL CLAIMS 34 | INDEPENDENT CLAIMS 7 |
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ADDRESS
25225

TITLE
Proteosome influenza vaccine

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| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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